



## **Texas Department of Insurance**

### **Division of Workers' Comp**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

SOUTH TEXAS HEALTH SYSTEM  
3255 W. PIONEER PKWY  
ARLINGTON TX 76013

#### **Respondent Name**

STATE OFFICE OF RISK MANAGEMENT

#### **Carrier's Austin Representative Box**

Box Number 45

#### **MFDR Tracking Number**

M4-11-3247-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "...this claim was denied for not being filed within the 95 day time frame. This claim was in fact filed in a timely manner and the carrier is still refusing to pay... Our proof of timely filing includes our system notes with the dates of submission marked for your review. Clearly the first submissions of our bill, was sent within the required 95 days from the date we received the information that was needed to submit the claim and therefore should be processed for payment."

**Amount in Dispute:** \$99.20

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** The Office received a bill on 3/15/2011 as confirmed by SORM date stamp for date of service 5/25/2010 billing for CPT code 99281 in the amount of \$168.00, an audit was performed and denied for 29-time limit for filing has expired as the bill was received 289 days from the date of service pursuant to the aforementioned rule. A request for reconsideration was received on 05/07/2011; an audit was performed and denied for 29-time limit for filing has expired as the original bill was not received within 95 days pursuant to Rule 133.20 (b). A third request was received 5/9/2011 upon a clean claim review the Office determined that this was a duplicate to the bill that was received on 5/7/2011. The fourth submission was received on 5/26/2011 a courtesy audit was performed and a denial was issued for 29-time limit for filing has expired.

**Response Submitted by:** State Office of Risk Management, Janine Lyckman

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 25, 2010	Emergency Room Visit	\$99.20	\$0

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.10 sets out the procedures for health care providers required billing forms/formats.
3. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
4. 28 Texas Administrative Code §102.4 sets out the rules for non-commission Communications.
5. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
6. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of benefits dated 03/15/2011
  - 29-THE LIMIT FOR FILING HAS EXPIRED
  - PER FULE 1333.20 A HEALTH CARE PROVIDER SHALL NOT SUBMIT A MEDICAL LATER THAN THE 95<sup>TH</sup> DAY AFTER THE DATE THE SERVICES ARE PROVIDED.

## **Issues**

1. Did the requestor submit the medical bill for the services in dispute in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely and in accordance with Texas Labor Code, §408.027 and Texas Administrative Code §133.10 and §102.4.
3. Is the requestor entitled to reimbursement?

## **Findings**

1. Per 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Texas Labor Code §408.0272...a health care provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the services are provided." No documentation was found to support that the exceptions indicated in Texas Labor Code §408.0272 were met. Therefore, Texas Labor Code §408.0272 does not apply to the service in dispute, for that reason, the health care provider and requestor in this dispute were required to submit the medical bill no later than 95 days after the service in dispute was provided. Texas Administrative Code §102.4(h) "unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the Requestor finds one EOB dated 03/15/2011, a position statement, requestor account system notes and three copies of a bill with creation date 05/29/2010, one of which was addressed to the employer.
3. Texas Administrative Code §133.20 (j)(1) states "A health care provider who elects to submit medical bills to an employer waives, for the duration of the election period, the rights to: (A) prompt payment, as provided by Labor Code §408.027; (B) interest for delayed payment as provided by Labor Code §413.019; and (C) medical dispute resolution as provided by Labor Code §413.031.
4. No documentation was found to sufficiently support that the medical bill was submitted to the Respondent within 95 days from the date the services.
5. In accordance with Texas Labor Code §408.027, the health care provider /Requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute.
6. In accordance with Texas Administrative Code §133.20 (j)(1)(C), the health care provider in this medical fee dispute has waived their right to medical fee dispute resolution as provided by §413.031.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	10/21/2011 _____ Date
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### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**